

**MOTOROLA****FAX TRANSMITTAL SHEET**

NOV. 17 2005

Motorola, Inc.
Intellectual Property Section
Law Department
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Libertyville, IL 60048

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15 Number of Pages (including this page)

Date: 11/17/2005
To: Commissioner for Patents
Location: United States Patent and Trademark Office
Fax No.: (571) 273-8300
From: Randall S. Vaas Registration No. 34,479
Subject: Serial No. 10/689,303 Docket No. CS23595RL

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MESSAGE:

Enclosed herewith, please find:

- Amendment
- Amendment Transmittal Form
- Fee Transmittal Form
- Petition for Extension of Time

PLEASE GIVE THESE PAPERS TO:

EXAMINER:	Brian D. Nguyen
GROUP ART UNIT:	2681
SERIAL NO.:	10/689,303
FILED:	10/20/2003
INVENTOR:	Mark E. Pecen

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE CENTRAL FAX CENTER

NOV. 17 2005

ADMENDMENT
TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Application Number	10/689,303
Filing Date	10/20/2003
First Named Inventor	Mark E. Pecen
Group Art Unit	2661
Examiner Name	Brian D. Nguyen
Attorney Docket Number	CS23595RL

ENCLOSURES (Check all that apply)

Fee Transmittal Form
 Fee Attached

Amendment/Response
 After Final
 Affidavits/declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Response to Missing Parts Incomplete Application

Response to Missing Parts under 37 CFR 1.52 or 1.53

Assignment Papers (for an Application)

Drawing(s)

Licensing-related Papers

Petition Routing Slip (PTO/SB/69) and Accompanying Petition

Change of Correspondence Address

Fee Address Indication Form

Terminal Disclaimer

Small Entity Statement

Request for Refund

After Allowance Communication to Group

Appeal Communication to Board of Appeals and Interferences

Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

Proprietary Information

Status Letter

Additional Enclosure(s) (please identify below)

Remarks:

CORRESPONDENCE ADDRESS

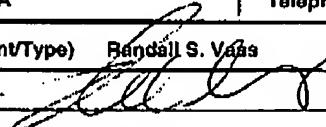
Customer Number or Bar Code Label

202280
(Enter Customer No. or Assign Bar Code Label Here)or Correspondence address below

Name:	Motorola, Inc.		
Address:	Intellectual Property Department 600 North U.S. Highway 45, AN475		
City: Libertyville	State: Illinois	Zip Code: 60048	
Country: USA	Telephone: 847-523-2327	Fax: 847-523-2350	

Name (Print/Type) Randall S. Vaas

Registration No. 34,479

Signature- 

Date 11-17-2005

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent Office at (571) 273-8300 on this date: 08/23/2005

Typed or printed name: Randall Vaas
Signature 

Date 11/17/2005

NOV 17 2005

P.4/15

FEE

TRANSMITTAL

Patent fees are subject to annual revision

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1,020.00)

Complete if Known

Application Number 10/689,303

Filing Date 10/20/2003

First Named Inventor Mark E. Pecen

Examiner Name Brian D. Nguyen

Group Art Unit 2661

Attorney Docket No. CS23595RL

METHOD OF PAYMENT (check all that apply)

FEE CALCULATION (continued)

Check Credit card Money Order Other None

4. ADDITIONAL FEES

 Deposit Account:

Deposit Account Number

502117

Deposit Account Name

Motorola, Inc.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXTRA CLAIM FEES

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent
Multiple Dependent Claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
380	180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = 1 X =

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 3

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP = 1 X =

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity)

For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number)	X 250	=

Fee Paid (\$)

\$1,020.00

5. OTHER FEE(S) (specify)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

SUBMITTED BY

Name (Print/Type) Randall S. Vees

Signature

Registration No. 34,479 Telephone 847-523-2327

Date 11/17/2005